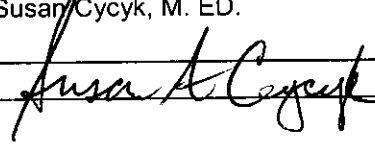




Division of Prevention and Behavioral Health Services
Department of Services for Children Youth and Their Families
State of Delaware

PI 003 Provider Monitoring and Evaluation Policy			
Authorized by:	Howard Giddens, Kelly Lovelace, LCSW	Title: Program Administration	
Approved by:	Susan Cychyk, M. ED.	Title: Division Director	
Signature:		Date Adopted: 09/16/ 97	
		Revisions: 05/15/03, 12/7/06, 5/19/09 , 4/15/10, 8/1/2010, 11/15/10, 8/2/2011	Reviewed:

I. Purpose

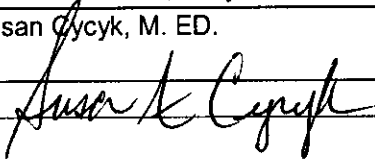
The purpose of the activity is to assure that quality services are provided to all children and families receiving direct services for mental health and substance abuse served by the Division of Prevention and Behavioral Health Services (DPBHS) and its contract providers in all service programs.

II. Policy

DPBHS service providers shall comply with standards established by DPBHS, DSCYF and relevant regulatory, licensing and accreditation bodies having jurisdiction over DPBHS services and its affiliated agencies, providers and service programs. To determine compliance and ongoing continuous improvement process in each provider, DPBHS will conduct reviews with the agencies at a frequency appropriate to the level of risk, utilization, and cost of services. These criteria will determine the scope and frequency of reviews. Reviews will:

- Use DPBHS and provider data regarding consumer safety, quality of care, clinical environment, outcomes, quality of service, and contract compliance;
- Incorporate information from federal and state (including the Delaware 1115 Medicaid Waiver) licensing, regulatory findings and accreditation reviews;
- Consider relative differences in each program's consumer population risk, number of consumers served, program accreditation status, and program performance history

The Division's Quality Assurance unit and Clinical Service Management (CSM) will work in collaboration with other Departmental and Divisional staff to provide regular reports on activities to the Utilization Management and Quality Assurance Committees and to maintain documentation of all provider monitoring and quality improvement activities.

<div> <div>PI</div> <div>003</div> <div>Provider Monitoring Procedure</div> </div>			
Authored by:	Howard Giddens, Kelly Lovelace, LCSW	Title: Program Administration	
Approved by:	Susan Czych, M. ED.	Title: Division Director	
Signature:		Date Adopted: 09/16/ 97	
		Revisions: 05/15/03, 12/7/06, 5/19/09 , 4/15/10, 8/1/2010, 11/15/10	Reviewed:

Provider Monitoring Procedure

Provider Services will coordinate with appropriate divisional and departmental staff to conduct reviews on all DPBHS Direct Service Providers of mental health and substance abuse to monitor and evaluate the quality of services being delivered to Department consumers, compliance with contractual guidelines, fiscal and billing practices, and to inform performance improvement plans as appropriate.

DPBHS will provide information to providers in monitoring their own performance such as outcome data, incident reporting, compliance with deliverables, and CSM concerns.

DPBHS will focus on monitoring domains not assessed by others (regulators, licensing, accreditation).

DPBHS will provide technical assistance to providers for their improvement processes when they are in alignment with Departmental priorities.

Intensity of monitoring will depend on consumer risk, number of individuals served, QI findings, consumer feedback, and the availability of other data sources.

Onsite reviews will include scheduled and may include unscheduled reviews.

Procedure

- A. Prior to use of a new provider or a provider who has not had contact with the division for a year or more, DPBHS staff will review relevant data. For out of state residential treatment services, a member of QI or Provider Services along with a CSM team member will complete a site visit and complete the Pre Placement Site Review form.
- B. The monitoring team will review all mental health and substance abuse services that are more intensive than outpatient care as outpatient services are closely monitored by managed care organizations. The monitoring team will arrive unscheduled to each in state mental health or substance abuse provider with whom DPBHS contracts. The monitoring team will schedule visits to out of state providers.
 - a. The monitoring team will complete a program monitoring.
 - i. In the event that concerns are identified, further monitoring or a focused review may occur.
 - b. The monitoring team will complete an audit of fiscal and billing practices. The audit will be based upon a random sampling of 10% of provider cases. The team will reconcile bills with appropriate documentation in client charts.

- i. In the event that concerns are identified, further auditing will occur and the provider may face financial penalties as indicated in the *Statement of Agreement* and *Article V. Section H Records and Audits of the contract*.
- C. Monitoring areas and intensity will be based upon the program's tier.
 - a. Tier I. In-state psychiatric hospitals
 - b. Tier II. In-state Crisis bed, in-state Residential Treatment, Individualized Residential Treatment,
 - c. Tier III. Mental health and substance abuse Day treatment
 - d. Tier IV. Mental health and substance abuse Intensive outpatient treatment
 - e. Tier V. Outpatient with Aide
 - f. Tier VI. PBHS contracted out of state residential treatment
- D. Based upon the provider's performance on the Site Review and findings of the Claim Reviews, the monitoring team may:
 - a. Provide basic recommendations and/or feedback.
 - b. Advise, in writing, that providers with a score below a "substantial" compliance rating need to submit a Three-Month Corrective Action Plan within thirty calendar days. In the event that a Corrective Action Plan is necessary:
 - i. The Program Administrator will be available to respond to any questions the Provider may have while developing their Corrective Action Plan. Once implemented, the Corrective Action Plan will be closely monitored by the Program Administrator for compliance.
 - ii. A copy of the Contract Monitoring Tool (with comments used to arrive at the compliance rating) and the required Three-Month Corrective Action Plan will be submitted to the Quality Management Committee.
 - iii. A copy of the finalized Corrective Action Plan will be provided to the Contracting Unit.
 - iv. During periods of Corrective Action, DPBHS may limit or discontinue referrals to the provider. In addition, DPBHS may also review clients currently served by the provider and determine if a change in service provider is appropriate.
 - v. If the Contracted Provider fails to advance to "substantial" compliance within the three-month period established in their Corrective Action Plan, the situation will be reviewed by the Quality Management Committee and DPBHS will determine if the Corrective Action Plan can be extended or if further steps for action, up to and including termination of the contract, need to be taken. If termination of the contract is recommended, the Leadership Team will review the information and make the final decision.
 - vi. As necessary, DPBHS will collaborate with the Safety Council, Accreditation Body, Licensing Provider, Institutional Abuse and/or others with whom it is deemed appropriate.
- E. The monitoring team will schedule to meet with each active provider with whom DPBHS contracts for a qualitative discussion of program and/or system issues and needs. Prior to

this review, data will be analyzed for each level of service provided for specific issues or trends that need to be addressed during the review. This data may include, but is not limited to:

1. Admissions
 2. Average length of stay
 3. Discharges; next level of care and 6 months post discharge level of care
 4. Compliance with clinical and other deliverables as outlined in the Provider Manual
 5. Reportable incidents
 6. Complaints
 7. Accreditation reports.
- F. The IRT Provider(s)' procedure for monitoring IRT homes will be reviewed by appropriate staff. If found to be sufficient, the provider(s)' records of monitoring will be reviewed no less than once every 6 months by the monitoring team. If the procedure is found to be insufficient, appropriate staff will work with the provider to improve their procedure. During time of procedure modification, appropriate division staff will provide monitoring of the IRT homes.
- G. Reports on each Provider review will be recorded in FACTS, consistent with the above framework. Reports will include the different areas that were reviewed and the provider's compliance with each area; evaluation of the data, identified trends, issues and problems, plans for improving services when indicated, and issues to be addressed in future reviews. Results will be reviewed with the DPBHS Quality Improvement and Utilization Management Committees.

Procedure A

BASIC CLAIM AUDIT

Provider:
Service:
Client Name:
Date of Event:
Note Present:
Supervisor Sig (for unlicensed staff):

Provider:
Service:
Client Name:
Date of Event:
Note Present:
Supervisor Sig (for unlicensed staff):

Provider:
Service:
Client Name:
Date of Event:
Note Present:
Supervisor Sig (for unlicensed staff):

Provider:
Service:
Client Name:
Date of Event:
Note Present:
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Service:
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Supervisor Sig (for unlicensed staff):

Provider:
Service:
Client Name:
Date of Event:
Note Present:
Supervisor Sig (for unlicensed staff):

Provider:
Service:
Client Name:
Date of Event:
Note Present:
Supervisor Sig (for unlicensed staff):

Procedure B

DETAILED CLAIM/CHART REVIEW

Provider:

Service:

Client Name:

Date of Event:

Y/N	Item	Comments
	Certificate for Medical Necessity (FACTS)	
	Admission Face Sheet	
	Clinic/Office Visit Record/Notes	
	Counseling Notes	
	Physician Orders (signed)	
	Progress/Therapy Notes	
	Psychiatric Evaluation (if any)	
	Treatment Plan and Goals (assess->tx plan->notes->maintain justification)	
	Consultation Reports/Notes	
	Multidisciplinary Care Plan/Notes	
	Medication Administration Record (MAR)	
	Treatment Administration Records/Notes	
	Procedure Reports/Notes	
	24-hour Patient Care/Monitoring (as appropriate)	
	Laboratory and Diagnostic test/reports where appropriate	
	Discharge Summary	

Procedure C

Chart Review

Provider Name

Child PID

Reviewer Name

Date of Review

Dates of Treatment covered

Does the Chart include the SAF and supporting documents? Y N

1. Treatment Plans

- A. Is the initial Plan dated within 40 days of the first day of treatment? Y N
- B. Are goals consistent with the SAF? Y N Partially
- C. Are goals in client language? Y N Partially
- D. Do the plans adequately address identified risks? Y N Partially
- E. Are plans signed by Clinician Y N, Client (if 14+) Y N ,
Parent or custodian Y N Psychiatrist Y N , Supervisor Y N N/A

2. Service documentation (progress notes) Are the following included?

- A. Date Y N
- B. Type of session Y N
- C. Length of session Y N
- D. List of participants Y N
- E. Is TF-CBT or PCIT utilized when appropriate? Y N N/A
- F. Is the intervention related to at least one of the treatment goals? Y N
- G. Are risks adequately addressed? Y/N/ Partially
- H. Has GAIN been administered if child received substance abuse treatment? Y N

3. Do progress notes show evidence of collaboration with the following as necessary?

CSM	Y/N/Partially
School	Y/N/Partially
DFS	Y/N/Partially
YRS	Y/N/Partially
Informal supports	Y/N/Partially
Step down provider	Y/N/Partially
Other (specify) _____	Y/N/Partially

5. Is provider DX consistent with CSM? Y/N/Partially

6. Supervision

- A. Are progress Notes countersigned by supervisor? Y/ N N/A
- B. Is there adequate documentation of supervisory contact? Y/ N N/A

7. Is documentation consistent with billing? Y N Partially

For ratings of "N" or "Partially", provide comments on a separate sheet and attach.

Procedure D

SITE REVIEW

Reviewer/Team:

IRT HOME REVIEW

Provider:

Reviewer:

Home:

Date:

Environment	Yes	No	N/A	Comments
Medications secured				
Client information secured				
No dead-end corridors greater than 50 ft				
No obstructions in or around exits				
Flammable materials and toxic substances are stored away from client areas				
Smoke detectors in working order				
Fire extinguisher in kitchens				
Portable heating devices prohibited in client treatment areas				
Controlled use of extension cords and electrical appliances				
First Aid kits available				
Home is clean				
Client areas clean and well maintained				
Client has privacy				
Client has own dresser and closet				
Vehicles are equipped with: -first aid kits -spill kits -fire extinguishers				
Emergency evacuation plan exits				
Emergency drills are practiced				
Evidence of fire drills				
Other:				

Procedure E

PRE PLACEMENT SITE REVIEW

Reviewer/Team:

Date:

	✓	Comments
Copy of most recent accreditation report And any corrective action plans		
Copy of most recent licensing report And contact licensing office		
Environment of Care Done prior to or upon client placement, includes QI/PS and CSM		
Treatment Modality		
Behavior Management System		
Emergency Preparedness Plan Including evacuation plans		
Standards for Staff Supervision		
Restraint/Seclusion Policy/Procedure Review		
Elopement Response Procedure		
Staff: client ratios		
Contact state Medicaid office		
Contact State or Local jurisdictions who have contracts with the potential provider		

Procedure F

IRT Admission review

Date: Agency: Child PID
Child Name
IRT justification _ RTC Stepdown _ Respite with prior IRT Home
Last Agency Home visit:

Household members

name	classification	Member at time of agency IRT home approval?		

Classification 1= IRT parent, 2 = natural or adopted child of IRT Parent,
3= foster child, 4 = IRT client,
5 = adult extended family member of IRT parent,
6 = child extended family member of IRT parent

DCMHS employee conducted home visit:

Date of visit:

List any aversive observation of home environment (safety conditions, sleeping arrangement, cleanliness,
etc)

List the hours each IRT parent is available:

Attach safety plan related to any identified risks.

Anticipated Dates of Service :

Name and Signature of home visitor

Name and signature of Team leader.